



MISSISSIPPI STATE BOARD OF OPTOMETRY

APPLICATION FOR RETIRED STATUS

[Pursuant to MCA § 73-19-21]

Full legal name as it appears on your Mississippi Optometry License		
Last Name _____	First Name _____	Middle/Maiden Name _____
Date of Birth _____	Social Security # _____	MS Optometry License # _____
Email Address _____		
Home Address _____		
City _____	State _____	Zip Code _____
Mailing Address, if different _____		
City _____	State _____	Zip Code _____
Home Phone _____	Cell Phone _____	Other Phone _____

I hereby request that I be placed on **retired status**. I certify that I have been in good standing with the Board through the latest renewal period, have held a Mississippi State Board of Optometry and have no fines or penalties imposed. I understand that I shall not be issued a license, nor shall I practice optometric services. I further understand that should I request that my license be returned to active status, I must complete the Reinstatement Application and meet all requirements stated therein.

License is attached License is lost or not available

Signature

Effective Date of Request

Printed Name